



Louisiana Department of Environmental Quality
OES - Permits Support Services Division
Notifications & Accreditations Section
P.O. Box 4313, Baton Rouge, Louisiana 70821-4313
Phone No. (225) 219-3253 Fax No. (225) 325-8235

SOLID WASTE TRANSPORTER NOTIFICATION FORM

*(Separate Form for Industrial Solid Waste Generators,
Processors, Disposers, and Waste Tire Transporters)*

Please make checks payable to LDEQ and submit to the address above.

Fees: Initial: \$132 plus \$33 per vehicle

I. Applicant Information (Print Legibly or Type)

Name of Transporter:		Contact Name & Title:	
Transporter Mailing Address:		Contact Phone:	Contact Fax:
City, State, Zip:		Transporter's Physical Location/Street Address:	Parish :
Contact Email Address:		City/State/Zip:	

For LDEQ Official Use Only	
Agency Interest No.: _____	Check No.: _____
Site ID No.: _____	Amount: _____
Initials: _____	Date: _____

II. Waste to be Transported (Check each applicable line or box)

<input type="checkbox"/> Industrial Waste <input type="checkbox"/> Residential & Commercial Waste <input type="checkbox"/> Woodwaste <input type="checkbox"/> Construction/Demolition-Debris	Special Wastes: <input type="checkbox"/> Asbestos <input type="checkbox"/> Medical Waste <input type="checkbox"/> Grease Waste <input type="checkbox"/> Other, Describe: _____
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III. Vehicle Information (Please list all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.)

MAKE	MODEL	YEAR	LICENSE NUMBER	REGISTERED OWNER

Certification: I have personally examined and I am familiar with the information submitted, and I hereby certify under penalty of law that this information is true, accurate, and complete. I am aware that by submitting this information and receiving any authorization numbers, I am subject to the requirements of LAC 33:VII.Subpart 1, that govern my activities. I am also aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Print Name and Title

Date

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INSTRUCTIONS

These instructions explain each item on the *Notification Form* and the information or response to be entered. Please type or print in black ink all entries *except for "Signature"*, which must be signed in ink. If necessary, use additional sheets or documents to fully answer any questions.

Fees: Initial: \$132 plus \$33 per vehicle.

Make checks payable to LDEQ at P.O. Box 4313, Baton Rouge, Louisiana 70821-4313.
Contact Suzanne Bordelon at (225) 219-3253 with questions.

Section I:

Name of Transporter: Enter the name of the Transporter that collects and transports solid waste.

Transporter – any person who moves industrial solid waste off-site and/or who moves solid waste of a commercial establishment or more than one household to a storage, processing, or disposal facility.

Mailing Address: Enter the mailing address for the Transporter. This office will mail all site related correspondence to this address.

Contact Email Address: Enter the email address for the Contact person, if existing.

Contact: Enter the name and title of the person that can answer any questions.

Contact Phone/Fax Number: Enter phone and fax numbers of person entered in number 3 of the form.

Parish: Enter the parish in which the trucks/ transporter are located.

Physical Location: Actual Location of the transporter (where trucks are kept). Enter the street address (*not Post Office Box*); highway number; or other specific identifiers, and the city and state in which the information on this form applies. If the mailing address (*Item Number 2*) and the site location are the same, insert "*Same as Number 2*" after "*Physical Location*" in *Item Number 6*.

Section II:

Waste Types:

- **Industrial solid wastes** – wastes generated by or contaminated with waste from a manufacturing, industrial or mining process.
- **Residential or commercial solid waste** – waste generated by households or commercial businesses.
- **Construction/demolition debris or woodwaste.**
- **Special Wastes** – wastes requiring special handling or disposal. If none of the waste noted, mark Other and describe the specific type of waste.

Section III: List all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.

Certification: Provide the signature, typed name, and title of the individual authorized to sign the application, and the date of signature.